

Childhood Immunization Campaign

□ As most readers of this journal are aware, the Department of Health, Education, and Welfare is heading up a national campaign to immunize millions of our nation's children against preventable, childhood diseases. This effort, launched on April 7 by President Carter, has two basic objectives; the first is to increase dramatically the present, intolerably low levels of childhood immunization against poliomyelitis, measles, German measles, pertussis, diphtheria, and tetanus.

□ For several years, vaccination rates in this country have drifted steadily downward. They now hover between 60 and 65 percent of the eligible population. Put another way, nearly 40 percent of our children under 15 years are presently unprotected against one or more childhood diseases *for which safe and effective vaccines are available*. Within 30 months, by the fall of 1979, we intend to have raised childhood immunization levels in the United States to more than 90 percent.

□ The second objective of this national program is to establish a permanent system that will provide comprehensive immunization services to the 3 million children born in America each year. This goal, like the first, is based on one simple fact: the cost of fully immunizing our young is miniscule when compared to the costs, in human misery and dollars, of permitting children to become afflicted with these diseases.

□ It is evident, moreover, that "full immunization," in the broad-

est sense of the term, is far from a reality today. Measles immunization levels among children entering school are 95 percent among upper-income families and only 42 percent for the children of lower-income families. We must design and put into operation a system that will work in a truly comprehensive way for all our people.

□ President Carter's 1978 budget includes \$19 million for the immunization initiative. Used effectively, these funds will yield an enormous dividend. But the goals that we have set for ourselves will be reached not with dollars alone but with the will and determination of our citizens. Our first priority, therefore, must be to increase knowledge and understanding and abolish the apathy that must in part underlie our disturbingly low levels of childhood immunization.

□ To this end we plan to aim a major public information effort at parents, too many of whom are unaware of the risks of inadequate immunization. We will enlist the active support of the health care providers, without whom the program cannot succeed. If our goals are to be met, private physicians must, as always, take a leading role.

□ We are asking industry and labor to initiate education campaigns among their employees; we are seeking the help of those who have special access to the urban and rural poor. The Department will attune its health and assistance programs to the immunization effort and will coordinate the activities of many other Federal

agencies that will take an active part in the campaign.

□ In my view, the national immunization campaign represents a unique opportunity for society as a whole, not just government, to address and solve a major national health problem. If we take this opportunity now, while it is within our grasp, we will secure a benefit for generations.

James F. Dickson III
Acting Assistant
Secretary for Health
U.S. Department of Health,
Education, and Welfare

Cover—Are the data on suicide rates accurate? Do the seasons affect suicidal behavior? The answers to these questions are sought in two articles in this issue. One study explores the relationship between variability in the structure, function, and procedures of coroner's office and the variation in reported suicide rates (pp. 223-232). Another study investigates the relationship between the timing of completed suicide, attempted suicide, and sociological variables (pp. 233-239).

